
 <p style="text-align: center;">ADMINISTRATIVE POLICIES AND PROCEDURES State of Tennessee Department of Correction</p>	Index #: 113.15	Page 1 of 8
	Effective Date: November 15, 2004	
	Distribution: A	
	Supersedes: 113.15 (4/15/00) PCN 01-08 (2/15/01) PCN 00-53 (8/15/00)	
Approved by:  Subject: INMATE CO-PAYMENT FOR HEALTH SERVICES		

- I. AUTHORITY: TCA 41-21-237, T.C.A. 4-3-603, T.C.A. 4-3-606.
- II. PURPOSE: To promote inmate self-reliance and participation in their own health care decisions, and provide a disincentive for the inappropriate use of health resources.
- III. APPLICATION: Wardens, health administrators, trust fund custodians, all inmate work supervisors, all TRICOR inmate supervisors, all health services staff, privately managed facilities, and inmates.
- IV. DEFINITIONS:
 - A. Chargeable Visit: An encounter with institutional health care staff which is provided for an inmate pursuant to the inmate's request or initiation of a visit either through sick call, an emergency or an unscheduled walk-in visit. (See Section VI. (I) regarding chargeable visits.)
 - B. Non-Chargeable Visit: An encounter with institutional health care staff which is generated by TDOC or privately managed facility staff through TDOC policy, as a documented health services staff directed follow-up to a previously identified condition, or because of a work related injury. (See Section VI. (I) regarding non-chargeable visits.)
 - C. Job-Related Injury: Health problems directly caused by the performance of the inmate's assigned job. These may include injuries such as sprains, strains, and lacerations, as well as insect and animal bites, heat stroke, severe sunburns, and/or skin reactions to poisonous plants.
- V. POLICY: When inmates initiate medical, nursing, dental, or any other health services encounters, they shall be charged a co-payment of \$3.00 for a routine scheduled or non-scheduled encounter with health care staff. Except as defined herein, TDOC shall not assess a co-payment for encounters required by policy or protocol, or for follow-up treatment initiated by the health care staff. Other fees or charges may be assessed in connection with statutory compliance, non-routine services, and medical devices as set forth in this policy. Health care treatment shall be provided without regard to an inmate's ability to pay the co-payment charge. All inmates are advised of the guidelines of the co-payment policy through the inmate orientation program and receipt of the Tennessee Department of Correction – Inmate Rules and Regulations handbook (See Policies #404.05, #502.04 and #113.22).
- VI. PROCEDURES:
 - A. Sick Call:

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1. The health care provider conducting sick call shall be responsible for completing a CR-2727, "Trust Fund Account Personal Withdrawal Request" for each self-initiated sick call encounter. (See Policy #208.01 for sample of form.)
2. Prior to assessment/treatment for chargeable encounters, the health care provider shall complete the CR-2727 and ask the inmate to sign. If the inmate declines to be seen, the health care provider shall document this in the manner designated by the institution's health administrator. If the inmate requests treatment, but refuses to sign the CR-2727, the nurse shall advise the inmate he/she shall be charged for the encounter, regardless of whether he/she signs. If he/she then still requests to be treated, he/she should be given the appropriate treatment or referral for his/her problem, and the CR-2727 shall be signed by the health care provider and sent to the health administrator for review. The health administrator shall forward the CR-2727 to the institution's trust fund custodian. The inmate's account will be charged, regardless of whether he/she signs the CR-2727.
3. If an encounter is not chargeable, the health care provider shall indicate that the service is not chargeable in the encounter log in the manner designated by that institution's health administrator.

B. Clinic Visits Initiated By Inmates-Non-Sick Call:

If an inmate presents himself/herself at the clinic for a non-scheduled visit or assessment, the health care provider who first encounters the inmate shall complete the CR-2727 as described above.

C. Segregation Visits:

1. When a health service encounter is provided pursuant to a request by an inmate who is in administrative or disciplinary segregation or protective custody, a CR-2727 shall be initiated as described above. There shall be no charge to the inmate for daily visits by the health provider to the unit unless the inmate requests to be seen.
2. Co-payments shall not be initiated for inmates who are segregated for medical or mental health reasons.

D. DNA Testing: All inmates requiring DNA testing as defined in Policy #113.92, DNA Testing, shall be charged \$36.45, which is the cost the Tennessee Bureau of Investigation (TBI) charges TDOC for DNA testing.

E. All facilities shall make deductions from and credits to inmate accounts in accordance with the provisions of TDOC Policy #208.01 and charge inmates per #208.05. Privately managed facilities shall charge inmates for services in accordance with the Contract and corporate policy.

F. If an inmate believes he/she was improperly charged for a health service encounter, he/she shall notify the institution's health administrator and request that the charge be reviewed.

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The health administrator shall determine if the inmate was charged appropriately. If the health administrator determines the inmate should not have been charged, he/she shall notify the trust fund custodian in writing.

G. The health administrator shall periodically audit documentation to ensure that the co-payment charges are being made for all chargeable encounters, and that no charges are being assessed for non-chargeable encounters.

H. Excluded Populations: The following TDOC populations are exempt from all co-payment charges described in this policy:

1. Inmates housed in the acute, intensive, and intermediate mental health units at DSNF
2. Inmates housed in the Health Care Center at DSNF
3. Inmates housed in any institutional infirmary
4. Inmates participating in the Step Up/Step Down programming at SCCF
5. Inmates housed in the basic skills unit at DSNF
6. Inmates housed in the acute mental health unit at TPFW.

I. Non-Chargeable and Chargeable Health Services

1. General:

This listing is provided to cover common health care encounters in the TDOC institutions. Although it was created to be as comprehensive as possible, it will not cover every situation. Generally, inmate initiated encounters are chargeable, and staff initiated encounters pursuant to TDOC policies or protocols are not chargeable. If there is any question whether to complete a CR-2727 for an encounter, the health administrator at the institution should be contacted. The fee for each chargeable service under routine circumstances is three dollars (\$3.00) per encounter.

2. Non-Chargeable Services

a. Policy Required Services/Preventive Care

- (1) Intake Physical Examination/Health Classification
- (2) Initial Dental Examination
- (3) TB Testing/Screening
- (4) Periodic Health Appraisal/Health Classification
- (5) Food Handler's Permit Screenings
- (6) Health Education
- (7) Screening Prior to Inmate Transfer
- (8) Health Screening
- (9) Chronic Care Visits Initiated by Health Care Staff
- (10) Infirmary Care
- (11) Flu Shots (according to Policy #113.43)

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- b. Follow Up or Staff Initiated Care: Encounter with physician, physician's assistant, or nurse practitioner after initial triage and referral by nurse, or a subsequent encounter for a single health problem that was directed by documentation in the medical record by the health provider. This may be after a designated period of time, such as "return in two weeks." If an inmate presents at a later date complaining of the same problem, but there was no documented plan for follow-up in the health record, the encounter is chargeable. (See VI.(I)(3)(a)(6) of this policy.)

- c. Mental Health and Substance Abuse Services:

- (1) Self referrals
 - (2) Psychiatric or psychological services
 - (3) Group therapy

- d. Job-Related Injuries:

If an inmate has an injury or health problem that directly results from performing a duty related to his or her assigned job, there will be no charge as long as all the following tests are met:

- (1) The top portion of the CR-2592 "Accident/Incident/Traumatic Injury Report" is completed by the inmate's work supervisor and accompanies the inmate to the institutional clinic. (See Policy #113.53; privately managed facilities refer to Policy #9113.53 until it is incorporated into Policy #113.53.
 - (2) The inmate is directed by staff to obtain medical attention for the job-related injury. The inmate must also seek attention within 24 hours of the injury.

- 3. Chargeable Services

- a. Except as otherwise specified hereunder, the inmate's co-payment assessment for health services designated as chargeable hereunder shall be three dollars (\$3.00) for each such encounter.

- b. General

- (1) Regular sick call visit regardless of outcome or treatment provided.
 - (2) Walk-in visit after sick call hours, if not a scheduled appointment.
 - (3) Nurse sick call visit to inmate in segregation who requests to be seen.
 - (4) Emergency care provided to inmate that was not a result of injury on the job. Emergency encounters are chargeable, even if staff initiates response by calling a code.

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- (5) Health assessment/treatment provided due to self-induced illness or injury.
- (6) Inmate requests to be seen again for a problem that had been treated, and the treatment has been completed, but the problem has manifested again, and there was no written indication for follow up from the original treating provider.

c. Dental Services:

- (1) All dental procedures which are documented in the dental treatment plan shall be considered follow-up treatment, and therefore non-chargeable, when they are performed according to the institutional dental priority listing and the health services staff calls the inmate to be seen. If, however, an inmate makes a request through sick call on his or her own, he or she shall be charged at the time of service, even if the request involves a dental problem documented in the dental treatment plan.
- (2) The co-payment for dental services will be assessed on the day the inmate first receives dental service, rather than when he/she is placed on the dental waiting list.

d. Self-Injurious Behavior:

Inmates who engage in self-injurious behavior may be held responsible for repayment of all costs associated with the incident. This may include those patients cited in Section VI. (H) of this policy upon clinical determination by a psychiatrist and/or psychologist. Refer to the Mental Health Manual (Appendix IX) for additional clarification.

- e. If an inmate is subject to the provisions of TCA 39-13-112 as amended, and is tested for HIV following an arrest for aggravated assault, the expense of the test shall be deducted from the inmate's account.
- f. If an inmate initiates an encounter by requesting emergency medical assistance or an emergency assessment and does not follow the procedures established for routine sick call, the co-payment charge for each such encounter shall be five dollars (\$5.00). The co-payment charge for emergency encounters initiated by staff (a declared Code 4, for example) shall continue to be three dollars (\$3.00).

K. Last Minute Cancellations:

Institutional health care staff shall review transfers to DSNF (TPFW for women) or to local providers for specialty services/appointments with the inmate as described in Policy

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#113.12. If it is documented in the health record that the inmate affirmed that he/she would go to the scheduled appointment, and then refuses to be transported on the day of transfer, the inmate shall be charged \$10. The inmate shall also be charged \$10 if he/she has been transferred to DSNF for a specialty consult/appointment and, once at DSNF (or TPFW for women), refuses to go to the scheduled clinic at the appointed time.

The staff member responsible for bringing the inmate out of his/her housing unit to the appointment shall have the inmate sign a CR-2727 (or sign it himself/herself if the inmate refuses) when the inmate refuses services at the last minute.

L. Medical Devices

Whenever an inmate who is not listed in the excluded population shown in this policy is issued any of the following medical devices, he/she shall be assessed a co-payment of \$5.00 at the time the item is issued:

Hearing Aids
Eyeglasses/Contact lenses
Dentures

The health care staff shall complete a CR-2727 as described earlier in this policy.

VII. ACA STANDARDS: 4-4345.

VIII. EXPIRATION DATE: November 15, 2007.



TENNESSEE DEPARTMENT OF CORRECTION
TRUST FUND ACCOUNT
PERSONAL WITHDRAWAL REQUEST

INSTITUTION

\$

DATE:

PLEASE DEDUCT THE FOLLOWING AMOUNT FROM MY ACCOUNT:

DOLLARS

THIS CHECK IS TO BE MAILED TO:

NAME
STREET ADDRESS
CITY, STATE, ZIP

THE PURPOSE OF THIS WITHDRAWAL IS:

INMATE SIGNATURE

INMATE #

Building:
Room #:

WITNESSED:

APPROVED: YES NO

REASON FOR DENIAL:

WARDEN / DIRECTOR DESIGNEE

DATE

CR-2727 (Rev. 6-02) White-Inmate Canary-Trust Fund Office



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CR-2727 (Rev. 6-02) White-Inmate Canary-Trust Fund Office



TENNESSEE DEPARTMENT OF CORRECTION
ACCIDENT / INCIDENT / TRAUMATIC INJURY REPORT

INSTITUTION

Name: _____ Number: _____ Date of Birth: _____
Last First Middle

☐ Employee ☐ Inmate ☐ Visitor ☐ Other _____

Location (of occurrence) _____ Date (of occurrence) _____ Time (of occurrence) _____

Type of Injury / Incident: ☐ Work-related ☐ Sports ☐ Violence
☐ Use of Force ☐ Other: _____

Weapon, Property, Equipment, Machinery Involvement (Specify): _____

Subject's Version (how situation occurred): _____

Signature of Subject

Witness' Version: _____

Signature of Witness

Health Service Provider's Report

Subjective: _____

Objective: _____

Assessment: _____

Plan: _____

Date of Treatment

Time

Signature of of Health Service Provider

Disposition: ☐ Treated by Institutional Health Service Staff

☐ Transported to Community Facility for Outpatient Care: _____

Facility

☐ Transported to Community Hospital for Inpatient Care: _____

Hospital

☐ Other, explain: _____

Did death result?

☐ Yes

☐ No

Relatives notified:

☐ Yes

☐ No